

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/02/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445310	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 03/30/2012
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF COPPER BASIN			STREET ADDRESS, CITY, STATE, ZIP CODE 166 COPPER BASIN INDUSTRIAL PARK PO BOX 518 DUCKTOWN, TN 37326		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  Complaint investigation #28096, #28428, #28469, and #28809 were completed on March 30, 2012, at Life Care Center of Copper Basin. No deficiencies were cited related to Complaint #28096, #28428, and #28809 under 42 CFR PART 482, Requirements for Long Term Care. Deficiencies were cited related to Complaint investigation #28469.	F 000	The filing of this Plan of Correction does not constitute an admission that the deficiencies alleged did in fact exist. This Plan of Correction is filed as evidence of Life Care Center of Copper Basin's desire to comply with the requirement and to continue to provide high quality resident care.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to ensure TED hose (Thrombo Embolic Deterrent-tight, thick, elastic stockings that go on the legs and are used as a preventative measure to reduce the occurrence of blood clots in the legs) were in place as ordered by the physician for one resident (#2) of five residents reviewed.  The findings included:  Resident #2 was admitted to the facility on May 10, 2011, with diagnoses including Dementia with Behavioral Disturbances, Anxiety, Depressive Disorder, and Diabetes Mellitus Type II.  Medical record review of a Physician's Telephone Order dated May 13, 2011, at 6:00 p.m., revealed "...TED Hose apply in a.m...."	F 281	<u>1) Corrective Action</u> Resident #1 was discharged from the facility on September 19, 2011 and was not a resident of the facility during this survey.  <u>2) Identify other residents</u> a) Residents that have physician orders for TED hose have the potential to be effected.  b) Audit the medical records of current residents for physician orders for TED hose to ensure application as ordered completed by Director of Nursing and Health Information Manager April 12, 2012.  <u>3) Measures</u> a) Licensed staff to be in-serviced by April 20, 2012 by Staff Development Coordinator on the process for timely application of TED hose after physician order obtained to include: physician order, measurement, obtaining TED hose, location of TED hose, and application of TED hose.	4/20/2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Signature]* *[Signature]* *[Signature]* 4/12/2012

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

APR 13 2012

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F 281	<p>Continued From page 1</p> <p>Medical record review of a Nurse's Note dated May 13, 2011, at 10:32 a.m., revealed, "...edema in both feet last night..." Continued review at 6:37 p.m., revealed "...received new orders for TED hose on in a.m..." Continued review of a Nurse's Note dated May 14, 2011, at 10:45 a.m., revealed "...edema...noted this a.m. in both feet..."</p> <p>Medical record review of the May 2011 Medication Administration Record (MAR) revealed the TED hose were initialed beginning on May 19, 2011.</p> <p>Interview with the Director of Nursing (DON) on March 27, 2012, at 4:20 p.m., in the Therapy Office, confirmed the facility failed to put the TED hose on the resident as ordered by the physician.</p> <p>C/O #28469</p>	F 281	<p>b) Audit physician orders for TED hose daily by clinical team Monday through Friday, and nursing supervisor on Saturday and Sunday, daily times 4 weeks then weekly for 2 months.</p> <p><b>4) Monitoring</b></p> <p>a) Director of Nursing will report findings of TED hose physician order review monthly times 3 months to the Performance Improvement Committee.</p> <p>b) The Performance Improvement Committee will review these results and if deemed necessary by the committee additional education may be provided, the process evaluated/revised, and/or the audits reviewed for three months.</p>	4/20/2012	4/20/2012

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